



One of PSI/ASF's medical delegates demonstrates the use of IUDs to women during a family planning IEC session, in one of the *Confiance* network clinics in Goma, Nord Kivu

Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00

Programmatic Quarterly Report
October – December 2010

Submitted by:
Population Services International

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I. Executive Summary

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: October-December 2010 (Q1 FY11)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key success:

1. 4,409, 063 male condoms were distributed in targeted health zones under AIDSTAR project.
2. 186,046 COC, 39,730 injectables, 629 IUD and 1,110 Cycle Beads were distributed to women of reproductive age in project-targeted health zones. 913 Clean Delivery Kits were distributed.
3. 1,236,186 sachets of PUR and 925,102 tablets of Aquatabs were distributed, to treat 30,863,900 liters of water.
4. Year 2 work plan and budget were submitted to USAID to be validated.

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. A national workshop was held in Kinshasa in early November 2010 with the participation of programmatic teams (HIV, Family Planning, Water and Sanitation, Monitoring and Evaluation, Field Operations Manager) at PSI/ASF headquarters, and provincial technical representative (Senior Clinical Supervisor, Senior BCC/sales Manager, Senior Monitoring & Evaluation Manager). During this important 6-day workshop, key points have been discussed such as: overview of year 1 project implementation, presentation and validation of year 2 objectives and strategies by province and specific domains, strengthening of the collaboration between programmatic departments and provincial teams, updating of data collection tools and procedures in order to improve data quality.

HIV/AIDS/STI

1. At the beginning of Q1 FY11, there was a quantity of 12,941,438 male condoms in our warehouses throughout the six targeted sites ready for distribution. During this quarter, 2,001,000 Prudence male condoms were received from USAID on October 4 and packaged as of November 2010. Thus, the total quantity of Prudence male condoms received since the beginning of the project is 29,252,100. A quantity of 2,700,000 Prudence® male condoms was shipped to Katanga, Sud Kivu, Kasai Occidental and Kasai Oriental provinces. At the end of this quarter, there are 10,533,375 Prudence® male condoms in PSI/ASF's warehouses throughout all the targeted sites.
2. In late 2009, a quantitative study (TRaC) was conducted among youth on condom use. It stood out from this study that the consumption rate of condoms among this targeted population is low¹. One of the reasons was that they would prefer a more attractive product. Thus, PSI/ASF has taken the option, based on its experience in other countries, to launch a perfumed and colored male condom. A pre-test to identify the preferred perfume and color of condoms will be conducted next quarter and results will be used to purchase new condoms.
3. Since September 2010, Prudence® female condoms are out of stock in all PSI/ASF's warehouses and we are waiting for new USAID supplies. Based on the fact that at least three months will be needed to prepare products for distribution (sampling, testing, packaging, shipping to provinces) once received from USAID, it is anticipated that the target of 700,000 might not be achieved by the end of year 2 project.

We have noticed that these condoms are out of stock at many points of sales, wholesalers or retailers. Consequently, the consumers' demand which already had an upward trend might be affected.

¹ HIV TRaC survey 2009, Association de Sante Familiale/Population Services International, Democratic Republic of Congo

4. In the previous quarter, distribution strategies were adopted in order to improve condom distribution. To materialize them, a plan was finalized so as to extend the network to rural areas; and one of the highlights of this plan is the training of mobile points of sales (cyclists). Thanks to this approach, we will increase the coverage and the accessibility of condoms.
5. 223 points of sales were created and their owners benefited from capacity building in stock management, respect of price structure, social marketing, as well as the sensitization of their customers on HIV and its prevention.
6. The following table highlights the distribution of male condoms by province during Q1 FY11, and the inventory on hand at the end of December 2010:

Male Prudence	Distribution	Stock available, end of December 2010
KINSHASA	2, 824, 740	8, 110, 688
KATANGA	662, 130	687, 870
BAS CONGO	163, 530	269, 010
SUD KIVU	632, 340	451, 350
NORD KIVU		
PROVINCE ORIENTALE		
EQUATEUR		
KASAI OCCIDENTAL	109, 013	160, 987
KASAI ORIENTAL	17, 310	853, 470
MANIEMA		
TOTAL	4,409,063	10, 533,375

Family Planning

1. During the first year (October 09 – September 10) of the execution of this USAID's project, the FP network implemented in 14 cities in Kinshasa, Katanga, Bas Congo, Sud Kivu, Nord Kivu, Province Orientale, Equateur and Kasai Occidental saw an expansion of service delivery to or inside the provinces of Kasai Oriental, Maniema, Kinshasa and Bas Congo thanks to the complementary funds from the Dutch SALIN funding. On the whole, 115 private clinics and 366 pharmacies (among which respectively 78 and 277 are supported by USAID) were providing quality FP services and information and distributing *Confiance* contraceptives (two oral pills, 3-month injectables, IUD and Cycle Beads).

On the reported period, the complementary backing of the Dutch SALIN funds that allowed the expansion of the *Confiance* network ended in December 2010. Hence, during the next quarter, some of the clinics and pharmacies in Kasai Oriental (8 clinics and 30 pharmacies), Kinshasa (20 clinics and 39 pharmacies) and Bas Congo (2 clinics in Boma) will be incorporated in the USAID's project.

2. During Q1 FY11, regular supervisions continued to be carried out by PSI/ASF staff in USAID-funded sites with focus on IEE regulations, quality insurance of counseling and FP care given to clients in the *Confiance* network. These regular visits, with particular emphasis on micro-trainings, help to improve the capacity of PSI/ASF-trained providers in clinics and pharmacies that are our partners.
3. From October to December 2010, PSI/ASF distributed 39,730 injectables, 629 IUDs and 1,110 Cycle Beads through USAID-funded clinics and pharmacies, its partners. In the *Confiance* network (including Dutch-funded clinics and pharmacies), PSI/ASF sold a total of 188,780 cycles of Duofem.
4. At the end of the reported period, 212,744 Duofem strips were available in stock, which would cover only one quarter (January – February – March 11). We are waiting for the Combination-3 from USAID to replace Duofem.
5. In order to insert USAID's implants into the existing *Confiance* network, the implant training funded by the Dutch SALIN project for all *Confiance* USAID-funded and Dutch-funded sites was completed in late Q1 FY11. Although the AMM (authorizing the product distribution in a country) was provided in late December 2010, PSI/ASF will have *Jadelle* implants tested in January 2011 prior to their actual distribution planned for the next quarter.
6. The following table highlights the distribution of *Confiance* products by province:

Province	COC	POP	Injectables	IUD	Cycle Beads
Kinshasa	135,375	0	12,080	217	39
Katanga	7,395	0	11,470	35	200
Bas Congo	15,060	0	900	23	59
Sud Kivu	0	0	4,760	220	762
Kasai Occidental	5,631	0	2,090	100	0
Kasai Oriental	5,490	0	0	0	0
Nord Kivu	9,055	0	3,900	24	0
Province Orientale	2,310	0	3,150	10	50
Equateur	3,240	0	1,380	0	0
Maniema	2,490	0	0	0	0
TOTAL	186,046	0	39,730	629	1,110

7. *Petogen*, another brand name of the 3-month injectable contraceptive (200,000), and *Jadelle* (7,000) both purchased with the Dutch-funded project, are still under clearing process. It is expected to receive them at the PSI/ASF's warehouse early in Q2 FY 11. PSI/ASF received an AMM of *Petogen* in DRC in Q1 FY11.

Maternal & Child Health

1. At the beginning of the reported period, a quantity of 3,560 CDKs were in stock. During Q1 FY11, 913 CDKs were distributed in all the provinces covered by PSI/ASF
2. A willingness to pay survey for CDKs was conducted by HOPE Consulting, one of PSI/ASF subcontractors under this project. The results show that:
 - a. Use of health services drops off significantly when service fees rise above \$1.50 per consultation;
 - b. If we assume that individuals will not want to pay more for products that are used during health services than for the health services themselves, the average Congolese is not likely to be willing to pay \$2.50 per CDK.

Based on the current consumer price of \$2.2, a discussion will be initiated with USAID in Q2 FY11 to explore possible options for price issue.
3. The following table highlights the distribution of the *Delivrans* CDK by province during Q1 FY11, and the inventory on hand at the end of December 2010:

DELIVRANS	Distribution	Stock available, end of December 2010
Kinshasa	22	215
Katanga	156	644
Bas Congo	22	285
Sud Kivu	-	700
Nord Kivu	540	160
Province Oriental	-	0
Equateur	100	74
Kasai Occidental	-	300
Kasai Oriental	19	168
Maniema	54	101
TOTAL	913	2,647

DTK

1. The process for DTK source/origin and pharmaceutical waiver has been initiated. Indeed, DTK package and instructions leaflets were designed (according to the PSI-Benin model obtained after a cross-sharing visit funded by PSI/Washington), developed and pre-tested with mothers and caregivers of children under five from populous health centers. After the completion of the bidding process to identify a manufacturer for DTK production, a waiver request will be submitted to USAID.
2. The DTK will be purchased already pre-packaged by the selected firm to simplify and speed the procurement process. Brand name (ORAZINC) and flavor (ORANGE) were chosen after pre-test with targeted groups from populous health centers. ORS package was also designed and developed in the PSI/ASF studio.

Water and Sanitation

1. From October to December 2010, 1,236,186 sachets of PUR and 925,102 tablets of Aquatabs were distributed in USAID-targeted provinces (Kinshasa, Katanga, Sud Kivu, Bas Congo, Kasai Occidental and Kasai Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI/ASF sale agents created demand and directed populations to existing and new points of sale. An important amount of POU products were distributed in emergency situations by NGOs and Unicef during cholera outbreak in Katanga and Sud Kivu.
2. 2.2 million sachets of PUR purchased by P&G funding were tested before distribution which started in November 2010.
3. 2.2 million additional sachets of PUR are under clearing process and other 2.2 million will be shipped to DRC in mid-February.
4. ASF is still working with FH (Food for the Hungry, an international NGO working with Community Based Distribution Agents (CBDAs) in Kalemie) to provide PUR to vulnerable people in Kalemie, one of the cholera-endemic city in Katanga. About 600,000 sachets of PUR along with promotional materials were distributed by FH during the Q1 FY11. PSI/ASF's BCC sales agents provided water treatment and training on key hygienic behaviors to FH providers.
5. During Q1 FY11, 275 new PUR and Aquatabs points of sales were created in the 6 USAID-targeted provinces.
6. The clearing process for 6.6 million tablets of Aquatabs is still ongoing although exoneration from the Ministry of Finance (after the Ministry of Health advocacy) was already obtained.
7. The following tables highlight the distribution of products by province during Q1 FY11, and the inventory on hand at the end of December 2010:

PUR	<i>Distribution</i>	<i>Stock available, end of December 2010.</i>
Kinshasa	184, 800	3, 573,052
Katanga	350, 208	505,079
Bas Congo	11, 124	27,179
Sud Kivu	657, 174	69,306
Kasai Occidental	4, 080	142,490
Kasai Oriental	28, 800	122,620
TOTAL	1, 236, 186	4, 439,726

AQUATABS	<i>Distribution</i>	<i>Stock available, end of December 2010.</i>
Kinshasa	249, 280	5,302,322
Katanga	342, 590	144,456
Bas Congo	10,720	202,776
Sud Kivu	232, 160	293,600
Kasai Occidental	72, 640	525,976
Kasai Oriental	17, 712	44,000
TOTAL	925, 102	6,513,130

Task 1 indicators: Situation as of end Q1FY11

	INDICATORS²	<i>Year2 Targets</i>	<i>Year2 Achievement (numbers)</i>	<i>Year2 Achievement (%)</i>	<i>Comments</i>
1	Number of male condoms distributed through the USG - funded social marketing programs	30, 712, 971	4,409, 063	14.36 %	Year 2 target is the sum of remaining Year 1 condoms (5,712,971) and original contract Year 2 target (25,000,000). The distribution efforts have been strategically reduced during Q1 FY11 to avoid stock out since the next supply is scheduled in Q3 FY11.
2	Number of female condoms distributed through the USG- funded social marketing programs	700, 000	0	0%	No stock available.
3	Liters of water disinfected with point of use home water treatment solution to the USG-funded social marketing programs	60,000,000	30,863,900	51.43 %	An important amount of POU products were distributed in emergency situations by NGOs and Unicef in Sud Kivu and Katanga.
5	Number of clean delivery kits distributed through the USG -funded social marketing programs	30,000	913	3 %	Production in progress
6-1	Number of cycles of oral contraceptives (COC) distributed through the USG- funded social marketing programs	850,000	186,046	21.89%	
6-2	Number of cycles of oral contraceptives (POP) distributed through the USG- funded social marketing programs	150,000	0	0%	Stock out of Ovrette. We received Microlut in Q4 FY10 and are waiting for product registration by USAID to start the distribution.
7	Number of injectable contraceptives distributed through the USG-funded social marketing programs	200,000	39,730	19.87%	At the end of the reported period 83,920 were available in stock. PSI/ASF will submit a request to USAID to get another supply during the next quarter.
8	Number of IUDs distributed through the USG-funded social marketing programs	2,500	629	25.16%	On time
9	Number of Cycle Beads distributed through the USG- funded social marketing programs	6,000	1,110	18.50%	Efforts will be done during Q2 FY11 to boost the distribution
10	Number of implants distributed through the USG-funded social marketing programs	1,300	0	0%	No quantity was distributed during Q1 FY11. The AMM was provided in late December 2010. With partner clinics' staff trained in all USAID-funded sites during Q1 FY11, distribution will start in Q2 FY11 after testing.

² Any missing indicator in the table has no target to be reported for year 2 project.

Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.

Cross-cutting activities

1. Creative briefs conception started in December 2010, and they were based on previous research results in order to drive evidence-based communication campaign design. After completion in Q2 FY11, a bidding process will be launched to identify an advertising agency for developing and producing communication materials in the various project domains according to year 2 work plan and budget.
2. PSI/ASF headquarters was actively implicated in the 2010 World AIDS Day celebration (December 1st), for which several meetings were held by the Communication Subcommittee with Femme +, PNLS, Fondation Dunia, Human To People, CTE, UCOP+ and PSI/ASF. During this period, PSI/ASF also participates to the General Committee meetings (with PNMLS-Lead role, PNLS, UNAIDS, PNSR, UCOP+) at PNMLS to harmonize and finalize activities planning for the month of December 2010. Thus, decentralized activities were conducted by PSI/ASF provincial offices in coordination with local partners and politico-administrative authorities, including community mobilization (motorized caravans, MVUs), promotion of condoms and VCT use, communication materials distribution.
3. In partnership with the MoH, UNICEF, and other partners members of the Watsan Cluster, PSI/ASF organized the World Toilets Day (November 19th) under the theme “We deserve better”. Sensitizations in markets, schools, churches, health centers were carried on by PSI/ASF communication agents in collaboration with local NGOs and community based educators.

HIV/AIDS/STI

1. The first step of peer educators identification and selection is the choice of local NGOs (of which they will be members) and their institutional capacity building through our subcontractor, Social Impact. During Q1 FY11, selection criteria of local NGOs were revised and one technical representative of Social Impact has been identified and scope of work revised and validated for long term technical assistance which will start in January 2011.
2. For the next quarter, communication activities are scheduled and will address all people targeted by the project, namely the military, the police, the long-distance truck drivers, the miners, the sex workers, the PLWHAs and the youth through interpersonal communications. The general population will also be addressed through MVUs.
3. Apart from routine communication activities, a “100% Youth” campaign is planned, using a variety of media items (magazines, radio/TV spots and broadcasts, road bulletin boards, posters, etc.) so as to promote safe behavior among the youth first, and then among all the population. This “100% Youth” campaign will also enable discussion among the youth and between the youth and the adults on different subjects of life that are worth of interest around HIV prevention and care. Communication with PSI Cameroon technical staff, engaged in the “100% Youth” project, has started to share experience, tools and strategies for its implementation in DRC.

Family Planning

1. During BCC activities, meetings with the *Confiance* network partners and FP training in all the targeted provinces, PSI/ASF-FP staff and community based educators continued promoting messages regarding the dual protection of condoms (against unwanted pregnancies and HIV/STI prevention).
2. Two TV spots (generic and branded) promoting FP, based on previous research results (TRaC 2009) for evidence-based communication campaign, were developed with the Dutch SALIN funding. Before completion, 2 meetings with the PNSR technical staff were held to obtain their approval under the light of FP national policy. Spots will be aired during Q2 FY11.
3. In the reported period, PSI/ASF translated a short-length film on FP with the Dutch SALIN funding in Swahili, which already exists in two languages (French and Lingala).
4. In Q1 FY11, interpersonal communication activities were held thanks to the important contribution of PSI/ASF's field staff helped by trained community based educators supported by the Dutch SALIN funding until December 2010. Thus, over 127,707 people were reached with FP messages through group information sessions, household visits, sensitizations at health centers and churches and FP 'open houses.'

Number of people reached through FP interpersonal communication, by province
(October-November-December 2010 – Q1 FY11)

Province	Men	Women	Total
Kinshasa	11,670	36,446	48,116
Katanga	2,806	24,861	27,667
Bas Congo	1,833	4,062	5,895
Sud Kivu	374	13,423	13,797
Nord Kivu	4,197	12,143	16,340
Province Orientale	1,050	2,253	3,303
Equateur	1,064	3,593	4,657
Kasai Occidental	1,500	5,219	6,719
Kasai Oriental	609	604	1,213
Total	25,103	102,604	127,707

5. The PSI/ASF's field staff and the partners in all the existing *Confiance* network continued to promote the two hotline numbers (081 080 00 00 and 099 300 30 01) and distribute printed communication materials having these hotline numbers so as to extend access to FP information to the targeted groups. During Q1 FY11, the two FP hotlines, Vodacom and Zain, received over 4,787 calls, of which 77, 8% were from men.

Number of calls received by FP hotline, by province
(October-November-December 2010 – Q1 FY11)

Province	Calls		Total
	Men	Women	
Kinshasa	348	332	680
Katanga	1,201	144	1,345
Bas Congo	121	56	177
Sud Kivu	125	46	171
Kasaï Occidental	314	113	427
Kasaï Oriental	189	41	230
Nord Kivu	158	63	221
Province Orientale	202	45	247
Equateur	158	50	208
Maniema	720	118	838
Bandundu	189	54	243
Total	3,725	1,062	4,787

6. A total of 23,334 persons were reached with FP counseling visits through clinics partners from October to December 2010 in USAID-targeted provinces, of whom there were 2,473 men who had contacted the FP service mainly to know more about birth spacing and prevention of unintended pregnancies.

Number of people reached through FP counseling visits, by province
(October-November-December 2010 – Q1 FY11)

Province	Men	Women	Total
Kinshasa	0	11,366	11,366
Katanga	388	3,259	3,647
Bas Congo	306	656	962
Sud Kivu	31	1,538	1,569
Nord Kivu	586	1,775	2,361
Province Orientale	139	724	863
Equateur	44	147	191
Kasai Occidental	824	1,156	1,980
Kasai Oriental	155	240	395
Total	2,473	20,861	23,334

7. In the reported period, 19,804 new clients were recruited. The following table shows the numbers of men and women who were recorded through this quarter as new clients of modern contraceptive methods.

Number of new clients recruited, by province
(October-November-December 2010 – Q1 FY11)

Province	Q1 FY11	
	Men	Women
Kinshasa	0	11,953
Katanga	13	809
Bas Congo	151	313
Sud Kivu	390	829
Nord Kivu	136	695
Province Orientale	28	420
Equateur	0	2,009
Kasai Occidental	331	1,487
Kasai Oriental	32	208
Total per sex	1081	18,723
Total	19,804	

8. A total of 12 meetings with network partners were held in Q1 FY11 including meetings with trained pharmacists and clinicians. These meetings helped PSI/ASF-trained pharmacists, clinicians and community based educators to discuss lessons learned, successes and concerns, share ideas and receive technical updates from PSI/ASF staff about FP information, services and products to be given to clients throughout the *Confiance* network.

Maternal & Child Health

CDK

1. The broadcasting of the existing radio spot will start during the Q2 FY11.

DTK

1. A cross-sharing visit to PSI/Benin was done in October 2010, funded by PSI Washington, to share lessons learned about promotional and communication activities, and tools during their DTK project implementation some years ago.
2. The DTK “Creative Brief” conception started in December. It will be completed in Q2 FY11 before the production of the DTK promotional materials including radio and TV spots according to the PNLMD policy.
3. The DTK marketing plan production process started by identifying Rwanda as the PSI key technical Child Survival platform for STTA. Its completion is scheduled in February in Kinshasa.

Water and Sanitation

1. Thanks to a new Pooled Fund project in 3 rural health zones in Maniema (Lubutu, Obokote and Salamabila), IPC activities and radio spots broadcasting were held to expand household water treatment activities. It's the same situation in Mbandaka with P&G funding, and Goma (health zone of Kiroitche) with Unicef funding. Contacts are still ongoing with Food for the Hungry (FH) in Katanga and Sud Kivu.
2. A total of 374 interpersonal communication (IPC) sessions were conducted by communication agents in local markets, mobile video units, health clinics (during ante and post-natal sessions), churches and schools; and by community volunteers in households, with door to door sensitization. These sessions reached 132,914 people including mothers and caregivers with children under five, community leaders, students, women associations, etc.
3. About 37 radio talks, 575 radio diffusions and 76 TV diffusions with messages related to safe drinking water, hygiene and sanitation promotion were aired through both rural and urban radio/TV stations.
4. The Aquatabs and PUR creative briefs conception started in December. They will be completed in Q2 FY11 before the production of the new TV and Radio spot for Aquatabs according to the PNLMD policy.
5. The PUR children cartoon was produced with P&G funding. The pre-test will be conducted during Q2 FY11 after the PNLMD approval.
6. A review of water and sanitation existing documentation (policy, guidelines, technical orientation) was completed during Q1 FY11, in order to produce training curriculum for community based educators.

Task 2 indicators: Situation as of end Q1 FY11

	INDICATORS ³	Year 2 Targets	Year2 Achievement (numbers)	Year 2 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	4,364	153	3,51%	This indicator will be boosted once local NGOs will be selected and members trained to conducted IPC sessions.
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	17,717	0	0%	It is mainly in the next quarter that it is planned to start communication activities with the targeted people.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	14,286	0	0%	It is mainly in the next quarter that it is planned to start communication activities with the targeted people.
15	Number of targeted condom service outlets	6,000	5,626	93.77%	Points of sales are cumulative, of which 223 were created during this quarter.
16	Number of individuals who participated in community-wide event focused on HIV/AIDS	200, 000	25,603	12.80%	It is mainly in the next quarter that it is planned to start communication activities. However, some activities were done in December in connection with the World AIDS Day.
17	Number of media outlets including HIV/AIDS messages in their program	48	0	0%	Planned for the next quarter
18	Number of media broadcasts that promote responsible sexual behavior	20, 160	0	0%	Planned for the next quarter
19	Number of peer educators who successfully completed an in-service training program	300	0	0%	Planned for the next quarter
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	199	0	0%	As the Dutch SALIN project ended in late December 2010, 99 service delivery points will be added to the network in early Q2 FY11. Remaining 100 service delivery points will be integrated progressively in Q2 and Q3 FY11.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	68	45	66.18%	External factors contributed to this number of stock out. For example, a naval transporters strike between Goma (transit site for all products for Bukavu) and Bukavu delayed product shipping to Sud Kivu.
22	Number of people reached during outreach activities promoting the use of water purifier products	300,000	132,914	44.30%	To be continued.
24	Number of service delivery points for social marketing delivery kits	400	481	120.25%	All partners (clinics, pharmacies) in <i>Confiance</i> network sell CDK.
25	Percentage of service delivery points reporting stock out of water purifier at any time	30%	0%	100%	No stock out has been reported to the project.

³ Any missing indicator in the table has no target to be reported for year 2 project.

TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. The annual financial assessment and technical assistance was conducted by financial specialists (OFOG) in November-December 2010. Administrative, financial and managerial skills have been reinforced for both PSI/ASF national and provincial levels.

HIV/AIDS/STI

1. The ASF's sales agents continued to carry on visits to wholesalers and points of sales to check product availability and merchandising, to verify the respect of price structure, and to inform new clients on site.
2. We continue to maintain the new distribution approach, taking into account wholesalers, semi wholesalers and retailers, following the fast consuming goods channel, with targeted promotion and advertising.

Maternal & Child Health, and Water and Sanitation

1. HOPE consulting, one of PSI/ASF subcontract under this contract, conducted a trip with 3 technical experts to assess the opportunity, efficiency and viability of CDK's spinning-off. Key results will be shared with USAID in Q2 FY11, after completion of their report.

Task 3 indicators: Situation as of end Q1FY11

	INDICATORS ⁴	Year 2 Targets	Year2 Achievement (numbers)	Year 2 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	0	0 %	Local NGOs selection will start in Q2 FY11.

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. In December 2010, in order to contribute to the SR/FP interventions in DRC, PSI/ASF attended a workshop to validate the strategic plan and the way-bill to speed up the reduction of the maternal, neonatal and infantile mortality in DRC.

⁴ Any missing indicator in the table has no target to be reported for year 2 project.

2. In late Q1 FY11, PSI/ASF held two technical meetings with the PNSR, including its communication team. In the first one, the PNSR direction, including its communication team, reviewed the drafts of the spots (generic and branded) and gave their feedback. The second one was about finalizing the spots before requesting officially the approval for their broadcasting.
3. PSI/ASF attended 7 technical meetings throughout different sites of the project for World AIDS Day preparation and monitoring with other partners under the coordination of PNMLS.
4. At the national level, PSI/ASF attended meetings of the Monitoring and Evaluation Task Force under the coordination of PNMLS, so as to improve HIV data collection and transmission in accordance to national needs. The template that is being prepared will be disseminated once completed.
5. PSI/ASF attended the Comité Intersectoriel de Lutte contre le Choléra (CILC) weekly meetings, along with the Comité National d'Action Eau et Assainissement (CNAEA), the Ministry of Health (4th Direction), and Unicef. A strategic plan against ongoing cholera outbreaks (especially in Shabunda health zone/Sud Kivu) is still in discussion. The global 2010 cholera epidemiology will be discussed in January 2011.
6. About DTK launch during the FY11, workshops with PNLMD are scheduled to approve packaging, instructions leaflet and promotional materials to be produced.
7. PSI/ASF attended the cluster watsan monthly meetings for water and sanitation activities' coordination at national and provincial levels.

Task 4 indicator: Situation as of end Q1 FY11

	INDICATORS	Year2 Targets	Achievement Project Q1 (numbers)	Achievement Project Q1 (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	93	31	33.33%	On time.

Research, Monitoring and Evaluation

Cross-cutting activities

1. The final results of MAP, a survey funded by the World Bank through PNMLS, are available and it is planned that their dissemination be done during Q2 FY11.

HIV/AIDS/ST

1. Actual data collection of the HIV TRaC survey was completed in Bukavu and results will be available during Q1 FY11.

Maternal & Child Health

1. During Q1 FY11, the TRaC data analysis from 5 provinces has started. The preliminary results for Nord Kivu and Maniema provinces are available . They will be shared and used to provide PUR and Aquatabs “Creative Brief” and “Marketing Plan”.
2. The DTK packaging, brand name and flavor were pre-tested, and results were used to complete the package design.

Family Planning

1. After the completion of the FP baseline TRaC survey (in two Dutch-funded sites) data collection and analysis, the final report approval is awaited from the PSI/ASF principal investigator.
2. During Q1 FY11, data collection for the “Willingness to pay” survey on *Jadelle* was completed in Kinshasa, Goma and Bukavu. Results will be used to fix the price of *Jadelle* for consumers, and establish a price policy for this product.

III. Project Management

1. Two technical meetings were held with USAID DRC team, including the COTR, to present and discuss on year 2 work plan and budget. After revision of work plan and budget in accordance to USAID DRC team’s feedback, year 2 project revised documents were submitted to USAID for approval: work plan and narrative, itemized budget and notes, annexes A, B, C, and D, PMEP.
2. PSI/ASF’s Finance Manager (Paulin Dunda) and Internal Auditor (Titi Tudibenu) attended a one week financial training organized by PSI Washington in DC in December 2010. This important workshop offered them the opportunity to share with other PSI platforms technical persons and PSI Washington experts their experience in USAID rules and procedures, risk management and fraud prevention, and financial reporting.
3. PSI/ASF’s Human Resources Manager (Alphonse Bwabwa) and Waterborne Diseases Project Coordinator (Marie Mumangi) attended a one week training workshop organized by PSI Washington in Mali in November 2010. As Capacity Building Champions, they were provided with adults training skills so as to elaborate, implement and monitor a training plan for PSI/ASF national and provincial staff’s capacity building
4. A tender was launched for equipment to be purchased based on year 2 budget and needs assessment. Most of equipment, including vehicles and motorcycles, will be purchased locally to avoid long time for delivery due to exoneration pending issues with the GDRC administration.
5. PSI/ASF was visited by HOPE Consulting. Several work sessions were held to finalize the study protocol of the Fast Moving Consumer Goods’ situation analysis, and complete data collection.

IV. Problems /Challenges faced during the reporting period

During the reporting period, several challenges have been faced by the project:

1. Branding and marking plan has been submitted to the Contracting Officer on November 30th, 2009, and approval is awaited for implementation. Also, approvals for work plan and narrative, budget and notes, indicators, logframes and PMEP for year 2 project are awaited from USAID.
2. Delays in products arrival in DRC (as male and female condoms, and FP products-Combination-3) create delays in project objectives' achievement. Stock-out of female condoms delays their distribution, and reduces significantly PSI/ASF's ability to reach its year 2 target. It is also noteworthy that targeted population has adopted female condoms and demand is ever growing with BCC and sales teams' efforts. This stock-out will also postpone the launch of the female condom promotion campaign, to avoid reinforcing demand during this period. The current Duofem stock, that is planned to be replaced by Combination-3, is anticipated to finish by late Q2 FY11.
3. Clients are limited in their free choice of modern contraceptive methods in the *Confiance* network because the stock of progestative pills (Ovrette) ran out and the registration process of Microlut remains slow.
4. The continuing suspension of all exonerations for NGOs since November 2009 blocks several PSI/ASF activities, including the introduction of *Jadelle* under this current USAID project and the replacement of FP equipment in many USAID-funded clinics. This exoneration issue impacts negatively on the clearance process of points of use water treatment product Aquatabs (for a quantity of 6 million tablets) bought by other donors and to be distributed under this USAID-funded project.

V. Environmental Mitigation (IEE)

1. During supervisions of the network beneficiaries and technical meetings, people are reminded of the national policy on biomedical waste management.
2. Packaging and materials: PSI/ASF does all it can to ensure that product packaging and IEC materials are properly disposed of. This is particularly true following events where samples, brochures, stickers or other promotional materials and IEC, where materials are often discarded or left lying around.
3. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
4. Needles from injectables: Part of the pre-selection criteria for partner clinics was that they had, at the time of selection, an established place where hazardous waste, including needles, was burned and safely disposed of. This is also what the MOH requires of all clinics/health centers. Verification of proper procedures for disposing of hazardous waste at clinics has been added to

all clinic supervisions. Bins for used contraceptive injectables needles are shipped to the provinces in order to collect them before burning in all the *Confiance* network clinics.

5. Condoms: Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

The Thiart Amendment and its requirements were recalled to all FP staff.

VII. Planned activities versus progress (table)

See next page.

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																	
	Activity	People concerned by trips	2010												Status		
			OCT				NOV				DEC						
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4			
A	Program Administration																
A-1	General																
A-1-1	Meeting with USAID for work plan presentation							X							Achieved		
A-1-2	Year 2 project work plan final version submitted to USAID									X					Achieved		
A-1-3	Year 2 project budget final version submitted to USAID									X					Achieved		
A-2	Trainings and Conferences																
A-2-9	USAID Financial Management workshops / DRC-Washington DC / 2 people	1- Finance Manager, Paulin Dunda 2- Internal Auditor, Titi Tudibenu										X			Achieved		
A-2-10	WCA Capacity Building training workshop / DRC-Mali / 2 people / DRC-Mali / 2 people	1- Human Resources Manager, Alphonse Bwabwa 2- Waterborne Diseases Project Coordinator, Marie Mumangi						X							Achieved		
A-3	Procurement/Equipment																
A-3-1	Advertise tenders								X	X					Achieved		
A-3-2	Analyze and select suppliers											X			Ongoing		
A-3-3	Procure vehicles and motos for program activities												X	X	Ongoing		
A-3-4	Procure MVU equipment for communications activities								X	X				X	Ongoing		
A-3-5	Procure furniture, computers and equipment for new staff												X	X	Ongoing		
A-3-6	Procure medical and non medical furniture and equipment for <i>Confiance</i> network clinics												X	X	Ongoing		
A-4	Technical Assistance Travel																
A-4-7	Hope Consulting / USA-DRC / 4 trips	1- Hope Neighbor 2- Amy Lockwood 3- Salim Haji (2 trips)		X	X	X				X	X				Achieved		
A-5	Other Travel																
A-5-1	Home Leave / DRC-Cameroon	Marketing and Logistics Technical Advisor, Dipoko Degrando + 1 dependent												X	Ongoing		
A-5-4	R&R / DRC-Paris	Finance and Administration Specialist, Hery Ramangalahy + 2 dependents												X	Ongoing		
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.																
B-1	Cross-Cutting Activities																
B-1-1	Build capacity of distributors/networks to move social marketing products						X	X	X	X	X	X	X	X	Reported in Q2 FY11		
B-1-2	Update the list of wholesalers as partners										X	X	X	X	Ongoing		
B-1-3	Create new points of sale and confirm existing		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing		
B-1-4	Produce integrated sales materials										X	X	X	X	Reported in Q2 FY11		
B-1-6	Implement distribution network in rural and underserved health zones through existing commercial bikers																
B-1-6-1	Integrate ASF/PSI sales & BCC teams across health areas rural (advanced strategy)										X	X	X	X	Reported in Q2 FY11		
B-1-6-2	Identify junction points and bikers at the health zones level												X	X	Reported in Q2 FY11		
B-1-6-4	Distribute social marketed products in all rural target zones		X	X	X	X	X	X	X	X	X	X	X	X	Reported in Q2 FY11		
B-1-7	Planning workshops with programmatic departments and provinces							X							Achieved		
B-1-8	National supervisions to provinces, and sales teams' capacity building											X	X		Reported in Q2 FY11		
B-1-9	Internal supervisions at provincial levels			X				X					X		Achieved		

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2010												Status	
			OCT				NOV				DEC					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
B-2	HIV/AIDS/STI Activities															
B-2-1	Product															
B-2-1-1	Receive male and female condoms from USAID										X	X	X	X	Only male condoms received.	
B-2-1-2	Socially market 30,712,971 male condoms		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-1-3	Socially market 700,000 female condoms								X	X	X	X	X	X	No stock available	
B-2-1-4	Procure male and female condom packaging material						X	X	X	X	X	X	X	X	Achieved	
B-2-1-5	Sample, Test and Package male and female condoms														Completed for male condoms received during Q1 FY11	
B-2-1-6	Ship condoms to provinces		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-2-3	Placement/Distribution															
B-2-3-1	Distribute socially marketed male and female condoms (private sector, distribution network, wholesalers, semi wholesalers, retailers including pharmacies)		X	X	X	X	X	X	X	X	X	X	X	X	On going	
B-2-3-2	Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women		X	X	X	X	X	X	X	X	X	X	X	X	Reported in Q2 FY11	
B-2-3-3	Identify new commercial outlets and maximize product availability and visibility in hot spots (rural and urban)		X	X	X	X	X	X	X	X	X	X	X	X	Reported in Q2 FY11	
B-3	Family Planning Activities															
B-3-1	Product															
B-3-1-1	Socially market 1,000,000 Ocs		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-1-2	Socially market 200,000 injectable contraceptives		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-1-3	Socially market 2,500 IUDs		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-1-4	Socially market 6,000 CycleBeads		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-1-5	Socially market 1,300 implants										X	X	X	X	Reported in Q2 FY11, due to registration delay	
B-3-1-6	Procure conceptive products packaging material						X	X	X	X					Ongoing	
B-3-1-7	Package contraceptive products									X	X	X	X	X	Ongoing	
B-3-1-8	Ship products to provinces		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-1-9	Follow up registering process of new contraceptives (Microlut, Jadelle, Combination 3)		X	X	X	X	X	X	X	X	X	X	X	X	Achieved for Jadelle, on going for others	
B-3-1-10	Introduce implants into existing Confiance FP system (co-funded with SALIN) pending registration										X	X	X	X	Reported in Q2 FY11, due to registration delay	
B-3-2	Placement/Distribution															
B-3-2-1	Distribute Confiance contraceptives through Confiance private sector network of partner clinics, pharmacies and wholesalers partners		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-3-2-2	Expand Confiance network to 25 clinics and 75 pharmacies in total in the six targeted provinces (Kinshasa, Bas Congo, Kasai Oriental, Kasai Occidental, Sud Kivu, Katanga)						X	X	X	X	X	X	X	X	Reported in Q2 FY11	
B-3-2-3	Train new clinics and pharmacies personnel										X	X	X	X	Reported in Q2 FY11	
B-4	Maternal & Child Health Activities															
B-4-a	Product: CDKs															
B-4-a-1	Product															
B-4-a-1-1	Establish an increased and sustainable production system		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-4-a-1-2	Distribute 30,000 CDKs at cost-recovery (for PSI/ASF)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-4-a-2	Price															
B-4-a-2-1	Willingness to pay surveys to assess affordability									X					Achieved	

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2010												Status	
			OCT				NOV				DEC					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
B-4-a-3	Placement/Distribution															
B-4-a-3-1	Distribute CDKs through wholesalers, retailers, clinics and <i>Confiance</i> sites		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-4-a-3-3	Sell CDKs to NGOs/Int'l Organizations for subsidized/free delivery in rural sites (outside of cost-recovery distribution circuit)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-4-b	Product: Diarrhea Treatment Kits (DTK)															
B-4-b-1	Product															
B-4-b-1-1	Conduct focus-group protocol for DTK product development and messaging									X	X	X	X		Ongoing	
B-4-b-1-2	Submit request for source/origin and pharmaceutical waivers to USAID										X	X	X	X	Reported in Q2 FY11	
B-4-b-1-5	Design DTK packaging					X	X	X	X	X	X	X	X	X	Achieved	
B-5	Water and Sanitation															
B-5-1	Product															
B-5-1-2	Receive past procurement of Aquatabs (November 2010) and PUR (January and April 2011)					X	X	X	X						Ongoing	
B-5-1-3	Shipping PUR and Aquatabs to provinces		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-5-1-4	Socially market 2 million PUR sachets (P&G purchased commodities)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-5-1-5	Socially market 2 million Aquatabs tablets (UNICEF & UNDP/Pooled Funds purchased commodities)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-5-2	Placement/Distribution															
B-5-2-1	Create new points of sales for PUR and <i>Aquatabs</i>		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
B-5-2-2	Distribute PUR and <i>Aquatabs</i> to commercial wholesalers, health zones and workplaces, NGOs and other institutions		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C	Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.															
C-1	Cross-Cutting Activities															
C-1-1	Develop mass media campaigns (tv/radio/promo materials)										X	X	X	X	Ongoing	
C-1-3	Collaborate with USAID-funded communications efforts		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-1-4	Engage with community influencers and leaders (e.g. schools and churches chiefs, local leadres, etc.) to generate community-level acceptance as well as correct and consistent use of products.		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-1-5	Conduct special events (World Women Day, World Population Day, Kinshasa 's Fair 2011, etc) with target population										X				Achieved	

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2010												Status	
			OCT				NOV				DEC					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
C-2	HIV/AIDS/STI Activities															
C-2-1	Promotion/Communication															
C-2-1-1	Use branded point-of-sale materials, community events and outreach channels to announce availability and increase awareness & visibility of private and community outlets stocking social marketed male and female condoms.		X	X	X	X	X	X	X	X	X	X	X	X	Reported in Q2 FY11	
C-2-1-2	Develop partnerships with/train local associations, local NGOs to promote safer sex behaviors and ensure effective reach of targeted populations										X	X	X	X	Reported in Q2 FY11	
C-2-1-3	Develop comprehensive, integrated multi-communication channel (mass media, IPC community-reach, print)															
	Design, develop and pre-test TV and radio spots										X	X	X	X	Ongoing	
C-2-1-4	Collaborate with other partners in intervention areas in communications efforts to ensure complementary messaging.						X	X	X	X	X	X	X	X	Ongoing	
C-2-1-5	Reinforce capacities of field actors for age-based safe behaviors and consistent and correct condom use promotion															
	Identify peer educators to be trained in each target groups (Youth, Military, Police, Miners, Commercial Sex Workers, PLWHA)								X	X					Reported in Q2 FY11, after local NGOs selection	
	Identify the needs and conduct training of trainers at provincial level, in coordination with USAID and non USAID partners (ex: PROVIC)										X	X	X		Reported in Q2 FY11, after local NGOs selection	
	Train outreach workers to build community-level support and individual confidence/skills to practice safer behaviors									X	X	X	X	X	Reported in Q2 FY11, after local NGOs selection	
C-2-1-7	Air existing and new radio and TV spots (may include Delayed Debut spot ABCD, Rien que la verité clip and documentaire, youth video clip, Trusted partner, female and male condom spots, Pincez Deroulez, VCT promotion spot)										X	X	X	X	Reported in Q2 FY11	
C-3	Family Planning Activities															
C-3-1	Promotion/Communication															
C-3-1-1	Develop/disseminate branded point-of-services materials for FP brands										X	X	X	X	Ongoing	
C-3-1-5	Ensure availability of two FP hotlines (Ligne verte)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-3-1-6	Incorporate HIV/STI messages into FP communications and training										X	X	X	X	Ongoing	
C-3-1-7	Promote real-life stories from satisfied FP users to tackle rumors		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-3-1-8	Ensure complementary messaging with other USAID programs		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	
C-3-2	Training/Capacity Building/Meeting															
C-3-2-1	Procure training models for IUD and implant insertions funded by Dutch SALIN project						X	X	X	X	X	X	X	X	Achieved	
C-3-2-2	Regular technical meetings with pharmacies and clinics partners				X				X				X		Achieved	

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2010												Status	
			OCT				NOV				DEC					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
C-4	Maternal & Child Health Activities															
C-4-a	ORS/Zinc Activities															
C-4-a-1	Promotion/Communication															
C-4-a-1-1	Produce, pre-test, place DTKs promotional materials including radio and tv spot according to PNLMD Policy)											X	X	X	X	Ongoing
C-5	Water and Sanitation Activities (PUR and Aquatabs)															
C-5-1	Promotion/Communication															
C-5-1-1	Raise additional funds to expand Household Water Treatment activities		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
C-5-1-2	Develop comprehensive, integrated multi-channel communication (mass media, IPC community-reach, print)											X	X	X	X	Ongoing
C-5-1-2-1	Produce new TV and Radio spot for Aquatabs													X	X	Ongoing
C-5-1-2-3	Produce, pre-test and finalize PUR children cartoon											X	X	X	X	Ongoing
C-5-2	Training/Capacity Building															
C-5-2-1	Design training for commitee volunteers and parnters for Household Water Treatment and Hygiene											X	X	X	X	Ongoing
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.															
D-1	Cross-Cutting Activities															
D-1-1	Build ASF Institutional Capacity															
D-1-1-1	Conduct Annual Financial Assessment and Technical Assistance (Mali-DRC)									X	X	X	X			Achieved
D-3	Maternal & Child Health Activities															
D-3-1	Identify options for CDKs spin-off					X	X	X	X	X	X	X	X	X	X	Ongoing
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.															
E-1	Cross-Cutting Activities															
E-1-1	Hold strategic planning meetings with USAID							X					X			Achieved
E-1-2	Integrate/harmonize interventions across PSI/ASF health areas		X	X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
E-1-3	Develop strong linkages and coordination with other USG-funded projects										X					Ongoing
E-1-4	Provincial coordination meetings with gov't partners, NGOs and associations													X		Ongoing
E-1-5	Participate in technical groups meetings at national and provincial levels													X		Ongoing
E-2	Capacity Building & Assessments															
E-2-1	Select 20 local associations for capacity building									X	X	X	X	X	X	Reported in Q2 FY11

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																
	Activity	People concerned by trips	2010												Status	
			OCT				NOV				DEC					
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4		
F	Research, Monitoring and Evaluation															
F-2	HIV/AIDS															
F-2-1	HIV TRaC Survey		X	X	X	X	X	X	X	X	X	X	X	X	On going	
F-5	Reporting															
F-5-1	Quarterly Technical progress Reports Submitted (+30)					X									Achieved	
F-5-2	Quarterly Financial Reports Submitted (+45)						X								Achieved	
F-5-3	Year 1 Technical Report Submitted (+30)					X									Achieved	
F-5-4	Year 1 Financial Report Submitted (+30)					X									Achieved	
	Subcontracts															
F-5-5	Technical and Financial progress Reports Submitted (+15 after each period)		X	X	X	X	X	X	X	X	X	X	X	X	Ongoing	

VIII. Key activities and challenges for the next quarter (table)

FY 2011 Workplan for the Advancing Social Marketing for Health in DRC																											
	Activity	People concerned by trips	2010												2011										Comments/Challenges		
			OCT				NOV				DEC				JAN				FEB				MAR				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																										
A-2	Trainings and Conferences																										
A-2-2	PSI/ASF Staff Exchange visits / DRC-Cameroon / 2 people	1- PSI/ASF HIV Technical Advisor, to Cameroon 2- PSI/Cameroon HIV Technical Advisor, to DRC																		X				X			Depending on USAID's approval for international travel. Technical personnel will be recruited before exchange visit.
A-2-3	PSI/ASF Staff Exchange visits / DRC-Nigeria / 1 person	Marketing and Logistics Technical Advisor, Dipoko Degrande																				X					Depending on USAID's approval for international travel.
A-2-4	PSI/ASF Staff Exchange visits / DRC- Zambia / 1 person	COP, Didier Adjoua																					X				Depending on USAID's approval for international travel.
A-2-5	PSI/ASF Staff Exchange visits / DRC-Rwanda / 1 person	MCH Director, Albert Chikuru																						X			In order to allow all MCH DRC staff to benefit from PSI/Rwanda's experience, a strategic option has been taken to receive short term technical assistance from Rwanda, instead of having only one DRC staff going to Kigali.
A-2-7	Management and Leadership Training / DRC - Ivory Coast and Washington, DC / 2 people	1- CR, Nestor Ankiba, to Ivory Coast 2- COP, Didier Adjoua, to Washington, DC)														X											Depending on USAID's approval for international travel.
A-2-8	Boards of Directors meeting / DRC-Ivory Coast / 2 people	1- Professor Payanzo, PSI/ASF Board of Directors President 2- CR, Nestor Ankiba														X											Depending on USAID's approval for international travel.
A-2-12	Program Management workshop with PSI/ASF Kinshasha HQ and Provincial offices																							X			
A-3	Procurement/Equipment																										
A-3-2	Analyze and select suppliers															X	X	X	X	X	X						
A-3-3	Procure vehicles and motos for program activities															X	X	X	X	X	X	X					
A-3-4	Procure MVU equipment for communications activities															X	X	X	X	X	X	X					
A-3-5	Procure furniture, computers and equipment for new staff															X	X	X	X	X	X						
A-3-6	Procure medical and non medical furniture and equipment for Confidence network clinics															X	X	X	X	X	X	X					
A-4	Technical Assistance Travel																										
A-4-2	Program Management Supervision trip / Washington -DRC / Regional Director	Regional Director, Moussa Abbo																			X						The Director Regional will be represented by his Deputy, Mr James Malster.
A-4-3	HIV Technical assistance trip / Washington DC - DRC / 1 person	PSI/W HIV Technical Advisor, Brian Pedersen																						X	X		
A-4-8	Social Impact / Washington DC-DRC / 1 trip	Jasques Katula															X	X									Socila Impact technical representative will come to DRC in early January 2011 for a long term technical assistance.
A-5	Other Travel																										
A-5-1	Home Leave / DRC-Cameroon	Marketing and Logistics Technical Advisor, Dipoko Degrande + 1 dependent														X											
A-5-4	R&R / DRC-Paris	Finance and Administration Specialist, Hery Ramangalahy + 2 dependents														X											
B	TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.																										
B-1	Cross-Cutting Activities																										
B-1-1	Build capacity of distributors/networks to move social marketing products															X	X	X	X	X	X	X	X	X	X	X	
B-1-2	Update the list of wholesalers as partners																		X	X	X						
B-1-3	Create new points of sale and confirm existing															X	X	X	X	X	X	X	X	X	X	X	
B-1-4	Produce integrated sales materials																		X	X	X	X	X	X	X	X	
B-1-5	Disseminate integrated sales materials																							X	X		
B-1-6	Implement distribution network in rural and underserved health zones through existing commercial bikers																										
B-1-6-1	Integrate ASF/PSI sales & BCC teams across health areas rural (advanced strategy)															X	X	X	X	X	X	X	X	X	X	X	
B-1-6-2	Identify junction points and bikers at the health zones level															X	X	X	X	X	X	X	X	X	X	X	
B-1-6-3	Brief selected bikers on social marketing, products and price grids															X	X	X	X	X	X	X	X	X	X	X	
B-1-6-4	Distribute social marketed products in all rural target zones															X	X	X	X	X	X	X	X	X	X	X	
B-1-6-5	Supervise bikers and junction points in each province															X	X	X	X	X	X	X	X	X	X	X	
B-1-8	National supervisions to provinces, and sales teams' capacity building																							X	X		
B-1-9	Internal supervisions at provincial levels																X				X				X		

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			OCT				NOV				DEC				JAN				FEB				MAR				
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
B-2	HIV/AIDS/STI Activities																										
B-2-1	Product																										
B-2-1-1	Receive male and female condoms from USAID																									X	It is anticipated to have a stock out of male condom if new stock is not available by late March 2011.
B-2-1-2	Socially market 30,712,971 male condoms														X	X	X	X	X	X	X	X	X	X	X	X	Ongoing
B-2-1-3	Socially market 700,000 female condoms																									X	If female condoms are received in early January 2011, distribution may start late March 2011, after sampling, testing, packaging and shipping to provinces.
B-2-1-4	Procure male and female condom packaging material																		X	X	X	X					
B-2-1-5	Sample, Test and Package male and female condoms																		X	X	X	X	X	X	X	X	
B-2-1-6	Ship condoms to provinces														X	X	X	X	X	X	X	X	X	X	X	X	
B-2-1-7	Conduct focus group on male condom types to assess the need to change current male condom specificities (color, odor)																							X	X	PSI/ASF will order samples of perfumed and colored male condoms with PSI/Washington for pretesting in DRC.	
B-2-2	Price																										
B-2-2-1	Evaluate male condom current price and price grid																							X	X	X	
B-2-3	Placement/Distribution																										
B-2-3-1	Distribute socially marketed male and female condoms (private sector, distribution network, wholesalers, semi wholesalers, retailers including pharmacies)														X	X	X	X	X	X	X	X	X	X	X	X	
B-2-3-2	Identify female friendly condom distribution outlets like hair dressing/ beauty shop for women														X	X	X	X	X	X	X	X	X	X	X	X	
B-2-3-3	Identify new commercial outlets and maximize product availability and visibility in hot spots (rural and urban)														X	X	X	X	X	X	X	X	X	X	X	X	
B-3	Family Planning Activities																										
B-3-1	Product																										
B-3-1-1	Socially market 1,000,000 Ocs														X	X	X	X	X	X	X	X	X	X	X	X	It is anticipated that the target may not be achieved, if Combination-3 (replacing Duoferm, which has a current 3-month stock) and Microlut (replacing Ovrette, which is stock out) are not registered quickly.
B-3-1-2	Socially market 200,000 injectable contraceptives														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-3	Socially market 2,500 IUDs														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-4	Socially market 6,000 CycleBeads														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-5	Socially market 1,300 implants														X	X	X	X	X	X	X	X	X	X	X	X	Results of product testing will be received in early February, according to the 3rd Direction (Drug Direction of MoH). Distribution will start after that. Based on preliminary results of the willingness to pay survey conducted in late 2010, it is estimated to sell Jadelle at \$10 per piece, including all fees for safety insertion.
B-3-1-6	Procure contraceptive products packaging material														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-7	Package contraceptive products														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-8	Ship products to provinces														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-9	Follow up registering process of new contraceptives (Microlut, Jadelle, Combination 3)														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-1-10	Introduce implants into existing Confidence FP system (co-funded with SALIN) pending registration														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2	Placement/Distribution																										
B-3-2-1	Distribute Confidence contraceptives through Confidence private sector network of partner clinics, pharmacies and wholesalers partners														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2-2	Expand Confidence network to 25 clinics and 75 pharmacies in total in the six targeted provinces (Kinshasa, Bas Congo, Kasai Oriental, Kasai Occidental, Sud Kivu, Katanga)														X	X	X	X	X	X	X	X	X	X	X	X	
B-3-2-3	Train new clinics and pharmacies personnel																		X	X	X	X	X	X	X	X	
B-4	Maternal & Child Health Activities																										
B-4-a	Product: CDKs																										
B-4-a-1	Product																										
B-4-a-1-1	Establish an increased and sustainable production system														X	X	X	X	X	X	X	X	X	X	X	X	
B-4-a-1-2	Distribute 30,000 CDKs at cost-recovery (for PSI/ASF)														X	X	X	X	X	X	X	X	X	X	X	X	

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			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
B-4-a-3	Placement/Distribution																										
B-4-a-3-1	Distribute CDKs through wholesalers, retailers, clinics and Confidence sites													X	X	X	X	X	X	X	X	X	X	X	X		
B-4-a-3-2	Follow-up on distribution of CDKs by new commercial sector agents													X	X	X	X	X	X	X	X	X	X	X	X		
B-4-a-3-3	Sell CDKs to NGOs/Int'l Organizations for subsidized/free delivery in rural sites (outside of cost-recovery distribution circuit)													X	X	X	X	X	X	X	X	X	X	X	X		
B-4-b	Product: Diarrhea Treatment Kits (DTK)																										
B-4-b-1	Product																										
B-4-b-1-1	Conduct focus-group protocol for DTK product development and messaging																			X	X	X	X				
B-4-b-1-2	Submit request for source/origin and pharmaceutical waivers to USAID																X	X	X	X							
B-4-b-1-3	Procure low osmolality flavored 1-litre sachets ORS and 20 mg 10 tablet Zinc blisters																						X	X			
B-4-b-1-4	Register DTK to the MOH																						X	X			
B-4-b-1-6	(1)Develop, (2)pre-test and (3)purchase DTK packaging													X	X	X	X	X	X	X	X	X	X	X	X		
B-5	Water and Sanitation																										
B-5-1	Product																										
B-5-1-2	Receive past procurement of Aquatabs (November 2010) and PUR (January and April 2011)																X	X	X	X	X	X	X	X			
B-5-1-3	Shipping PUR and Aquatabs to provinces													X	X	X	X	X	X	X	X	X	X	X			
B-5-1-4	Socially market 2 million PUR sachets (P&G purchased commodities)													X	X	X	X	X	X	X	X	X	X	X			
B-5-1-5	Socially market 2 million Aquatabs tablets (UNICEF & UNDP/Pooled Funds purchased commodities)													X	X	X	X	X	X	X	X	X	X	X			
B-5-2	Placement/Distribution																										
B-5-2-1	Create new points of sales for PUR and Aquatabs													X	X	X	X	X	X	X	X	X	X	X			
B-5-2-2	Distribute PUR and Aquatabs to commercial wholesalers, health zones and workplaces, NGOs and other institutions													X	X	X	X	X	X	X	X	X	X	X			
C	Task 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and malaria and to build an informed, sustainable consumer base.																										
C-1	Cross-Cutting Activities																										
C-1-1	Develop mass media campaigns (tv/radio/promo materials)													X	X	X	X	X	X	X	X	X	X	X			
C-1-2	Place mass media campaigns for all products													X	X	X	X	X	X	X	X	X	X	X			
C-1-3	Collaborate with USAID-funded communications efforts													X	X	X	X	X	X	X	X	X	X	X			
C-1-4	Engage with community influencers and leaders (e.g. schools and churches chiefs, local leadres, etc.) to generate community-level acceptance as well as correct and consistent use of products.													X	X	X	X	X	X	X	X	X	X	X			
C-1-5	Conduct special events (World Women Day, World Population Day, Kinshasa 's Fair 2011, etc) with target population																				X	X	X				

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			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
C-2	HIV/AIDS/STI Activities																										
C-2-1	Promotion/Communication																										
C-2-1-1	Use branded point-of-sale materials, community events and outreach channels to announce availability and increase awareness & visibility of private and community outlets stocking social marketed male and female condoms.														X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-2	Develop partnerships with/train local associations, local NGOs to promote safer sex behaviors and ensure effective reach of targeted populations														X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-3	Develop comprehensive, integrated multi-communication channel (mass media, IPC community-reach, print)																										
	Design, develop and pre-test TV and radio spots														X	X	X	X	X	X	X	X	X	X	X	X	
	Place and distribute branded communication materials to raise consumer awareness (mass media, IPC community-reach, print)														X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-4	Collaborate with other partners in intervention areas in communications efforts to ensure complementary messaging.														X	X	X	X	X	X	X	X	X	X	X	X	
C-2-1-5	Reinforce capacities of field actors for age-based safe behaviors and consistent and correct condom use promotion																										
	Identify peer educators to be trained in each target groups (Youth, Military, Police, Miners, Commercial Sex Workers, PLWHA)							X	X											X	X						
	Identify the needs and conduct training of trainers at provincial level, in coordination with USAID and non USAID partners (ex: PROVIC)										X	X	X							X	X	X					
	Train outreach workers to build community-level support and individual confidence/skills to practice safer behaviors							X	X	X	X	X								X	X	X	X	X	X	X	
C-2-1-6	Conduct peer counseling sessions (IPC) and outreach mass communication sessions (MVU, etc)																						X	X			
C-2-1-7	Air existing and new radio and TV spots (may include Delayed Debut spot ABCD, Rien que la verité clip and documentaire, youth video clip, Trusted partner, female and male condom spots, Pincez Deroulez, VCT promotion spot)																		X	X	X	X	X	X	X	X	
C-3	Family Planning Activities																										
C-3-1	Promotion/Communication																										
C-3-1-1	Develop/disseminate branded point-of-services materials for FP brands														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-2	Air spots (produced with Dutch SALIN 2010 funds) to the TV														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-3	Air FP spots and films in the clinics of Confiance Network														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-4	Conduct Inter personal communication and community mobilization by community-based agents														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-5	Ensure availability of two FP hotlines (Ligne verte)														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-6	Incorporate HIV/STI messages into FP communications and training														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-7	Promote real-life stories from satisfied FP users to tackle rumors														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-1-8	Ensure complementary messaging with other USAID programs														X	X	X	X	X	X	X	X	X	X	X	X	
C-3-2	Training/Capacity Building/Meeting																										
C-3-2-2	Regular technical meetings with pharmacies and clinics partners														X			X				X					

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			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
C-4	Maternal & Child Health Activities																									
C-4-a	ORS/Zinc Activities																									
C-4-a-1	Promotion/Communication																									
C-4-a-1-1	Produce, pre-test, place DTKs promotional materials including radio and tv spot according to PNLMD Policy)																						X	X	X	X
C-4-b	CDK Activities																									
C-4-b-1	Promotion/Communication																									
C-4-b-1-1	Air existing CDKs radio and tv spot																						X	X	X	X
C-5	Water and Sanitation Activities (PUR and Aquatabs)																									
C-5-1	Promotion/Communication																									
C-5-1-1	Raise additional funds to expand Household Water Treatment activities														X	X	X	X	X	X	X	X	X	X	X	X
C-5-1-2	Develop comprehensive, integrated multi-channel communication (mass media, IPC community-reach, print)														X	X	X	X	X	X	X	X	X	X	X	X
C-5-1-2-1	Produce new TV and Radio spot for Aquatabs																			X	X	X	X	X		
C-5-1-2-2	Placement PUR and Aquatabs TV and radio spots (1 existing spot for PUR and 1 new spot for Aquatabs)																						X	X	X	X
C-5-1-2-3	Produce, pre-test and finalize PUR children cartoon														X	X	X	X	X	X	X	X	X	X	X	X
C-5-1-2-5	Develop and present community theatre around safe water, sanitation and hygiene for diarrhea prevention.														X	X	X	X	X	X	X	X	X	X	X	X
C-5-1-2-6	Conduct IPC activities by communications agents in local markets, mobile video units, health clinics, pharmacies, churches and schools and by community volunteers in households with door to door sensitizations.														X	X	X	X	X	X	X	X	X	X	X	X
C-5-2	Training/Capacity Building																									
C-5-2-1	Design training for communittee volunteers and parnters for Household Water Treatment and Hygiene														X	X	X	X	X	X	X	X				
C-5-2-2	Train community volunteers (Relai communautaire) to provide referrals for HWT and hygiene																		X	X	X	X	X	X	X	X
D	TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.																									
D-2	All health domains																									
D-2-1	NGOs/Associations/ community workers with reinforced capacities carryout communication activities including MVU towards target populations														X	X	X	X	X	X	X	X	X	X	X	X
D-2-2	Inform private sector distributors of social marketing products sensitize and efficiently social market products in rural areas														X	X	X	X	X	X	X	X	X	X	X	X
D-3	Maternal & Child Health Activities																									
D-3-1	Identify options for CDKs spin-off														X	X	X	X	X	X						
D-3-2	Design a transition plan for CDKs to a private distribution company																			X	X	X	X	X	X	X

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			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
E	TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.																										
E-1	Cross-Cutting Activities																										
E-1-1	Hold strategic planning meetings with USAID														X				X				X				
E-1-2	Integrate/harmonize interventions across PSI/ASF health areas														X	X	X	X	X	X	X	X	X	X			
E-1-3	Develop strong linkages and coordination with other USG-funded projects																		X								
E-1-4	Provincial coordination meetings with gov't partners, NGOs and associations																						X				
E-1-5	Participate in technical groups meetings at national and provincial levels																						X				
E-2	Capacity Building & Assessments																										
E-2-1	Select 20 local associations for capacity building														X	X	X	X	X	X	X	X	X	X			
E-2-2	Conduct Capacity Assessments with local NGOs																		X	X	X	X	X	X			
E-2-3	Develop curriculum for local NGOs																			X	X	X	X	X			
E-2-4	Train identified local NGO for instinutional development																							X			
F	Research, Monitoring and Evaluation																										
F-1	Cross-Cutting Activities																										
F-1-2	Dissemination of MAP survey results																						X				
F-2	HIV/AIDS																										
F-2-1	HIV TRaC Survey														X	X	X	X	X	X	X	X	X	X			
F-3	Maternal and Child Health																										
F-3-1	DTK Focus Group for communication materials																		X	X	X						
F-5	Reporting																										
F-5-1	Quarterly Technical progress Reports Submitted (+30)															X											
F-5-2	Quarterly Financial Reports Submitted (+45)																		X								
	Subcontracts																										
F-5-5	Technical and Financial progress Reports Submitted (+15 after each period)														X	X	X	X	X	X	X	X	X	X			

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annex A: Product Distribution Targets						
	PRODUCTS	YEARS				TOTAL
		1	2	3	4	
HIV	Male Condoms	20,000,000	25,000,000	30,000,000	32,000,000	107,000,000
	Female Condoms	500,000	700,000	1,000,000	1,200,000	3,400,000
FP	Oral Contraceptives	700,000	1,000,000	1,200,000	1,500,000	4,400,000
	Depo-Provera (3-month)	100,000	200,000	200,000	250,000	750,000
	IUD	2,000	2,500	2,750	3,000	10,250
	Cycle Beads	4,000	6,000	6,000	6,200	22,200
	Implants	500	800	1,200	1,500	4,000
MCH / WS	Clean Delivery Kits	20,000	30,000	0	0	50,000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1,250,000	1,500,000	2,750,000
	PUR	1,000,000	2,000,000	2,000,000	2,000,000	7,000,000
	Aquatabs	1,150,000	2,000,000	2,000,000	2,100,000	7,250,000

Annex B: Annual Performance Milestones

Annex B: Annual Performance Milestones							
INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	30 000 000	32 000 000	107 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 000 000	1 200 000	3 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blisters pack of zinc distributed through the USG funded social marketing programs	0	0	1 250 000	1 500 000	2 750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Quantities for years 3 and 4 will be distributed by the private company to be identified, according to the work plan. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements
8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	1 200	1 500	4 000	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue.

11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	155 825	190 650	590 299	Based on year 1 achievements, and expected family planning products availability.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	4 800	5 280	14 445	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 15% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	19 488	21 437	58 642	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	15 714	17 286	47 286	Year 2 targets are based on previous project achievements. A 10% yearly progression is anticipated. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	6 250	6 500	6 500	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 2, 3 and 4 targets have been updated, based on year 1 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	300 000	400 000	900 000	Year 2 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.
17	Number of media outlets including HIV/AIDS messages in their programs	0	48	20	15	48	Based on budget available. Each TV and radio station used for messages airing is considered as one media outlet, and is counted only once. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	1 800	1 350	23 310	Based on budget available. Special efforts will be made in year 2 because (1) no activities were carried on in year 1 due to budget constraints, (2) budget will be reduced in year 3 and 4, (3) year 2 is key to drive sustainable behavior change for following years.
19	Number of peer educators who successfully completed an in-service training program	0	300	300	0	600	Based on budget available.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	0	0	199	Dutch SALIN funded newly established <i>Confiance</i> clinics (30) and pharmacies (69) will be incorporated into the USG funded network in year 2. Additionally, New clinics (25) and pharmacies (75) will be integrated in <i>Confiance</i> network and supported with USG funding in year 2.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor. Indicator has been corrected, based on USAID's list of indicators.
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	Based on past achievements.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	100 000	125 000	225 000	Based on estimated quantities of product to be distributed.
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	Years 1 and 2 are based on current levels of distribution and existing service delivery points. In years 3 and 4, product will become commercially marketed by a private company. Additional market analysis will be carried out in year 1 to critically assess the feasibility to turn CDK promotion and distribution into a formal private company.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	—	—	60%	40%	40%	Based on anticipated project efforts.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	1	0	1	Based on project work plan.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	8	2	20	Based on project work plan.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience on coordination.

IX.2- Inventory on hand

The table below highlights PSI/ASF's stock levels for each product in each targeted province of the project as of December 31st, 2010.

Provinces	HIV Products		FP Products					MCH products	WatSan Products	
	Prudence Male	Prudence Female	COC	POP	Injectable	IUD ⁵	Cycle Beads ⁶	DELIVRANS	PUR	AQUATABS
Kinshasa	8,110,688	0	119,395	0	89,611	5,268	102,850	215	3,573,052	5,302,322
Katanga	687,870	0	35,055	0	5,190	115	864	644	505,079	144,456
Bas congo	269,010	0	18,855	0	10	151	1,120	285	27,179	202,776
Sud Kivu	451,350	0	12,600	0	610	0	0	700	69,306	293,600
Nord Kivu	NA	NA	2,595	0	7,079	80	0	160		0
Province orientale	NA	NA	90	0	2,380	0	390	0		0
Equateur	NA	NA	5,760	0	2,620	0	0	74		0
Kasai Occidental	160,987	0	6,609	0	860	0	0	300	142,490	525,976
Kasai Oriental	853,470	0	3,790	0	0	0	0	168	122,620	44,000
Maniema	NA	0	7,995	0	NA	NA	NA	101	0	0
Total	10,533,375	0	212,744	0	108,360	5,614	105,224	2,647	4,439,726	6,513,130

⁵ During Q1 FY11, 389 pieces of IUD from an old stock were destroyed due to expiration.

⁶ During packaging process, it was noticed that 89 cycle beads were missing in the manufacturer's boxes..

IX.3- Travel plan for the next quarter

Several trips have been planned for next quarter (Q2 FY11):

Trip subject	Person	Place	Anticipated period	Codes
PSI/ASF Staff Exchange visits	PSI/ASF HIV Technical Advisor, - 1 person	Cameroun	January 2011	A-2-2
	PSI/Cameroon HIV Technical Advisor, - 1 person	DRC	March 2011	A-2-2
PSI/ASF Staff Exchange visits	Marketing and Logistics Technical Advisor, Dipoko Degrand- 1 person	Nigeria	March 2011	A-2-3
PSI/ASF Staff Exchange visits	COP, Didier Adjoua- 1 person	Zambia	March 2011	A-2 - 4
PSI/ASF Staff Exchange visits	MCH Director, Albert Chikuru- 1 person	Rwanda	January 2011	A-2 - 5
Management and Leadership Training	CR, Nestor Ankiba- 1 person	Ivory coast	January 2011	A-2- 7
	COP, Didier Adjoua- 1 person	Washington, DC	January 2011	A-2-7
Boards of Directors meeting	1- Professor Payanzo- 1 person	Benin	January 2011	A-2-8
	2- CR, Nestor Ankiba- 1 person	Benin	January 2011	A-2-8
Program Management Supervision trip / Washington	Regional Director, Moussa Abbo – 1 person	DRC	February 2011	A-4-2
HIV Technical assistance trip / Washington DC	PSI/W HIV Technical Advisor, Brian Pedersen- 1 person	DRC	February 2011	A-4-3
Social Impact /Washington DC-DRC	Jacques Katuala, Social Impact Technical Representative-1 person	DRC	January 2011	A-4-8

IX.4- LIST OF ACRONYMS

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marche
ASF	: Association de Sante Familiale
BCC	: Behavior Change Communication
CBDA	: Community Based Distribution Agents
CDK	: Clean Delivery Kit
CILC	: Comite Intersectoriel de Lutte contre le Cholera
CNAEA	: Comite National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer Technical Representative
CR	: Country Representative
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Acces et de la Performance
MCH	: Maternal and Child Health
MoH	: Ministry of Health
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PLWHA	: People Living With HIV/AIDS
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrheiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida
PNSR	: Programme National de Sante de la Reproduction
POP	: Progesteron-Only Pill
POU	: Point Of Use
PROVIC	: Projet de lutte contre le VIH intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
STI	: Sexually Transmitted Infections

STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: Western and Central Africa